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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 010710

2014 FEB 24 AM 9:01

MICHAEL B. BROWN  
RECORDER

**WARRANTY DEED**

**THIS INDENTURE WITNESSETH**, That **Military Warriors Support Foundation** (Grantor) **CONVEY(S) AND WARRANT(S)** to **Joseph E. McCowan and Amy K. McCowan, Husband and Wife** (Grantee) for the sum of Ten Dollars (\$10.00) and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in Lake County, State of Indiana:

**Lot 18 in Block "B" in Pleasant Park 1st Addition, in the City of Hobart, as per plat thereof, recorded in Plat Book 33 page 63, in the Office of the Recorder of Lake County, Indiana.**

**Property address:** 1338 West 2nd Street, Hobart, IN 46342 **Tax ID No.:** 45-09-31-102-030.000-018

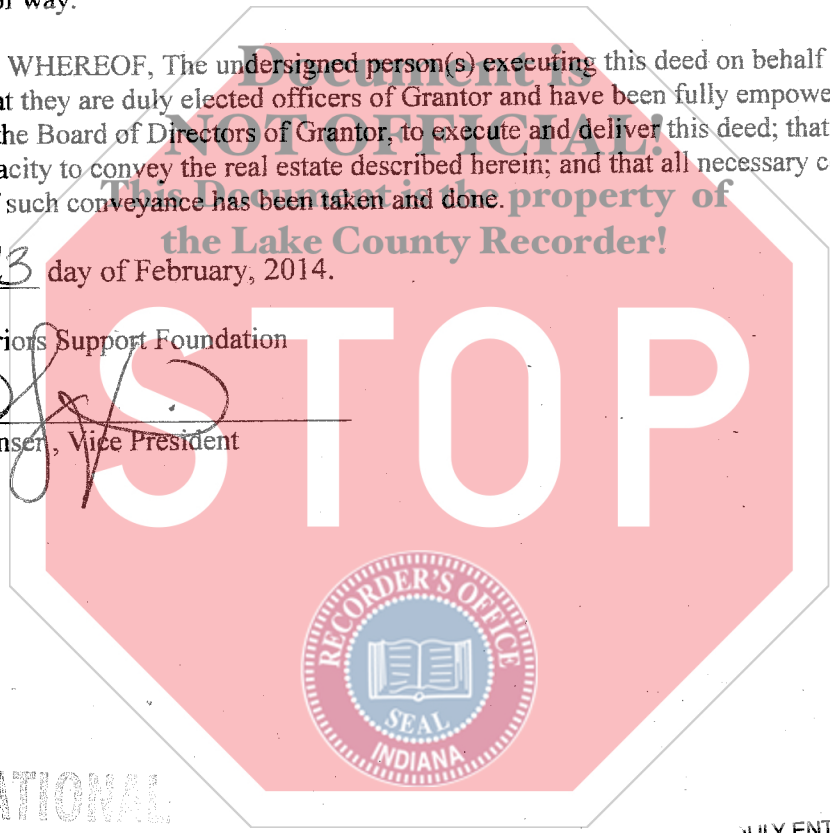
**Subject to** current taxes not delinquent, and all easements, agreements and restrictions of record and all public rights of way.

IN WITNESS WHEREOF, The undersigned person(s) executing this deed on behalf of Grantor represent and certify that they are duly elected officers of Grantor and have been fully empowered, by proper resolution of the Board of Directors of Grantor, to execute and deliver this deed; that Grantor has full corporate capacity to convey the real estate described herein; and that all necessary corporate action for the making of such conveyance has been taken and done.

Dated this 13 day of February, 2014.

Military Warriors Support Foundation

By Casey Kinsler, Vice President



FIDELITY NATIONAL  
TITLE COMPANY

92014-0254

DULY ENTERED FOR TAXATION SUBJECT  
FINAL ACCEPTANCE FOR TRANSFER

FEB 21 2014

21007 PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

#20  
FN  
CA

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ ) §.

Before me, a Notary Public in and for said County and State, personally appeared Casey Kinser, Vice President for and on behalf of Military Warriors Support Foundation, who acknowledged the execution of the foregoing Deed and who, having been duly sworn, stated that the representations therein contained are true.

Witness my hand and notarial seal on the \_\_\_\_\_ day of February, 2014. .

\_\_\_\_\_  
(Signature of Notary Public)  
Printed Name of Notary Public: \_\_\_\_\_  
Resident of \_\_\_\_\_ County, \_\_\_\_\_  
My Commission expires: \_\_\_\_\_

Grantee's Address and Tax Billing Address:

1338 West 2nd Street

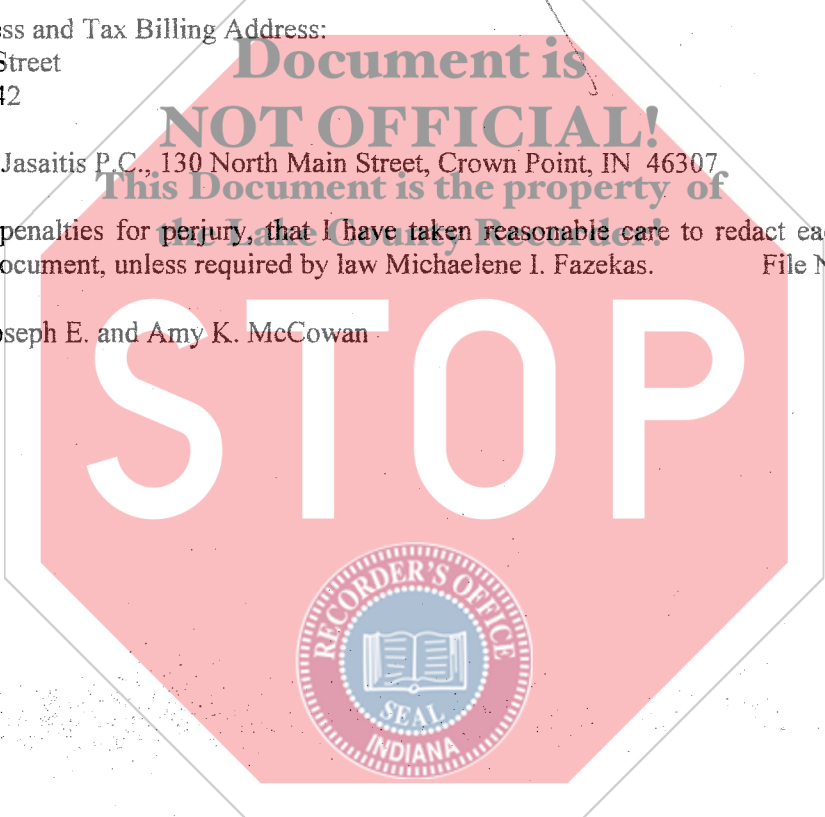
Hobart, IN 46342

Prepared by:

Austgen Kuiper Jasaitis P.C., 130 North Main Street, Crown Point, IN 46307

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law Michaelene I. Fazekas. File No. 920140254

Return to: Joseph E. and Amy K. McCowan



*Sealed*

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

State of California

County of San Diego }

On Feb 13, 2014 before me, Karen D. Grimaldo, Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared Casey Kinser  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Karen D. Grimaldo  
Signature of Notary Public

Place Notary Seal Above

**Document is NOT OFFICIAL!**  
 This Document is the property of the Lake County Recorder!

**OPTIONAL**

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**Description of Attached Document**

Title or Type of Document: Warranty Deed

Document Date: Feb 13, 2014 Number of Pages: 2

Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_ Signer's Name: \_\_\_\_\_

- Individual  Individual
- Corporate Officer — Title(s): \_\_\_\_\_  Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General  Partner —  Limited  General
- Attorney in Fact  Attorney in Fact
- Trustee  Trustee
- Guardian or Conservator  Guardian or Conservator
- Other: \_\_\_\_\_  Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_ Signer Is Representing: \_\_\_\_\_

RIGHT THUMBPRINT OF SIGNER  
 Top of thumb here

RIGHT THUMBPRINT OF SIGNER  
 Top of thumb here